

EXAM REQUEST 1:					
LAST NAME		FIRST NAME		SOCIAL SECURITY NUMBER <sup>1</sup>	WORK PHONE NUMBER Ext.
MAILING ADDRESS (for Exam Results) Address:			EXAM CONFIRMATION TO EMPLOYEE BY: E-Mail Address:		LANGUAGE EXAM:
City:                      State:          Zip Code: Reasonable Accommodations Requested (BSP will contact Employee)			Fax Number:		
EXAM REQUEST 2:					
LAST NAME		FIRST NAME		SOCIAL SECURITY NUMBER <sup>1</sup>	WORK PHONE NUMBER Ext.
MAILING ADDRESS (for Exam Results) Address:			EXAM CONFIRMATION TO EMPLOYEE BY: E-Mail Address:		LANGUAGE EXAM:
City:                      State:          Zip Code: Reasonable Accommodations Requested (BSP will contact Employee)			Fax Number:		
SUPERVISOR'S CONTACT INFORMATION:					
NAME:				TITLE:	
MAILING ADDRESS (for Exam Results) Department:			CONTACT NUMBER <sup>2</sup> :                      Ext.		
Address:			ALTERNATE NUMBER:                      Ext.		
City:                      State:          Zip Code:					
CONFIRM EXAM DATE & TIME TO SUPERVISOR BY:					
E-Mail Address:			or                      Fax Number:		
EXAM REQUESTED BY:					
REQUESTOR'S NAME:		TITLE:		TELEPHONE NUMBER:                      Ext.	
PAYMENT IS DUE PRIOR TO EXAMINATION BEING SCHEDULED (NO CASH OR CREDIT CARDS WILL BE ACCEPTED)					
PAYMENT METHOD:			Mail Payment & Request Form To:		
\$115.00/ea. - Purchase/Service Order # _____ Attached*			SPB – Bilingual Services Program		
\$115.00/ea. - Bill Consolidated Contract # _____ *			Attn: Bilingual Testing Coordinator		
\$105.00/ea. - Check or Money Order Enclosed			801 Capitol Mall, MS #64		
(Payable to State Personnel Board)			Sacramento, CA 95814		
_____ x \$ _____ = \$ _____			For Information or Questions, Contact:		
# of Exams          Cost Per Exam          Total Cost			(916) 651-9017 or TTY (916) 651-8782		
			Fax: (916) 651-7840		
*IF PAYING BY CONSOLIDATED CONTRACT OR PURCHASE/SERVICE ORDER, PLEASE INCLUDE THE FOLLOWING INFORMATION.					
Name of person to invoice:		City:		State:                      Zip Code:	
Address:					
Phone Number:		Fax Number:			
THE EMPLOYEE AND SUPERVISOR WILL RECEIVE CONFIRMATION BY E-MAIL OR FAX, APPROXIMATELY 7 DAYS FROM THE DATE THE EXAMINATION IS SCHEDULED. NO EXAMINATION WILL BE SCHEDULED UNTIL THE CHECK OR PAYMENT AUTHORIZATION IS RECEIVED.					
I hereby certify that I am authorized to submit a request for bilingual fluency examination, as or on behalf of, the department's testing officer.					
Signed:		Title:		Date:	

<sup>2</sup> The employee's supervisor must be available at the listed contact number to verify the identity of the employee being tested, prior to starting the examination. If the supervisor and candidate are to be reached at a different number than the contact number, please list as an alternative number. In addition, if we are unable to reach you within 5 minutes of the scheduled start time of the exam the candidate will need to reschedule.